

Town of East Hampton Fire Marshal's Office
300 Pantigo Place, Suite 111, East Hampton NY 11937

**AUTOMATIC FIRE SUPPRESSION SYSTEMS INSPECTION
& MAINTENANCE REPORT**

WARNING: BEFORE TESTING, ALL AGENCIES WHO WOULD RESPOND SHALL BE NOTIFIED

Occupancy Name _____
Address _____
Phone _____ Date _____
Manufacturer of Equipment _____

- | | YES | NO | N/A |
|--|-----|----|-----|
| 1. Are all appliances properly covered with correct nozzles? | | | |
| 2. Are all nozzles properly aligned with appliances being protected? | | | |
| 3. Are piping & conduit securely bracketed? | | | |
| 4. Are cylinder pressure gauges in proper range? | | | |
| 5. Did you check system activation? | | | |
| 6. Did you check manual pull/remove pull operation & location? | | | |
| 7. Did you test control heads? | | | |
| 8. Check fuel (gas/electric) shut downs of protected appliances? | | | |
| 9. Check shut-down of electrically operated devices if fire suppression system is a wet agent? | | | |
| 10. Is the system connected to the building fire alarm? | | | |
| 11. If #9 was answered yes, did you check the alarm connection? | | | |
| 12. Local alarm only? | | | |
| 13. Did exhaust fan operate properly? | | | |
| 14. Did wash system, if provided, operate properly? | | | |
| 15. Did dampers, if provided, operate properly? | | | |
| 16. Are all protective caps on nozzles in place? | | | |
| 17. Are filters the proper type (baffle or listed)? | | | |
| 18. Are filters properly installed (vertical) & completely protect the plenum? | | | |
| 19. System cylinder date? | | | |
| 20. Does the system require 6 or 12 year maintenance? | | | |
| 21. Properly rated fire extinguishers on site? | | | |
| 22. Was the fusible link replaced per NFPA/Manufacturers Specifications? | | | |
| 23. a) Is there electrical wiring/equipment in duct? | | | |
| b) Is there electrical wiring/equipment in the hood? | | | |
| 24. Is there a 16" separation, or shield between the fat fryer and open flame cooking devices? | | | |
| 25. Are there holes or voids in the exhaust hood or duct? | | | |
| 26. Does the system meet all the requirements of the Fire Code, NFPA and UL300? | | | |
| 27. Were all noted deficiencies corrected? _____ | | | |

If not, why not?

Recommended improvements:

Comments:

Inspector _____ Company _____
PLEASE PRINT PLEASE PRINT
Suffolk County License Number _____
Company Phone Number _____ Address _____

I certify that this inspection has been conducted properly and all of the above statements are true and correct to the best of my knowledge.

Signature of Inspector Date

Any false statement herein is punishable as a misdemeanor pursuant to 210.45 NYS Penal Law.